UNITED STATES DISTRICT COURT

f	or the
District o	f Rhode Island
Stephen Quimby)))
Plaintiff(s))
v.	Civil Action No.
Rhode Island Textile Company, Administrator Rhode Island Textile Company Group Long-Term Disability Benefits Plan and United of Omaha Life Insurance Company))))
Defendant(s))
SUMMONS IN	A CIVIL ACTION
To: (Defendant's name and address) Rhode Island Textile Com Long-Term Disability Bene A lawsuit has been filed against you.	efits Plan , 35 Martin St, Cumberland, RI 02864
are the United States or a United States agency, or an office P. 12 (a)(2) or (3) — you must serve on the plaintiff an and the Federal Rules of Civil Procedure. The answer or motive whose name and address are: Mark B. Morse, Law Office	you (not counting the day you received it) — or 60 days if you per or employee of the United States described in Fed. R. Civ. swer to the attached complaint or a motion under Rule 12 of on must be served on the plaintiff or plaintiff's attorney, as of Mark B. Morse, LLC, 420 Angell Street, Providence, RI ffice.com, (tel) 401 831-0555
If you fail to respond, judgment by default will be You also must file your answer or motion with the court.	entered against you for the relief demanded in the complaint.
	States District College

Date: May 27, 2020 /s/ Hanorah Tver-Witek
Clerk of Court

Oricr of Rhode la

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (name	ne of individual and title, if any)						
was rec	ceived by me on (date)	·	-					
	☐ I personally served	the summons on the individual	at (place)					
			on (date)	; or				
	☐ I left the summons	at the individual's residence or	usual place of abode with (name)					
	, a person of suitable age and discretion who resides there,							
	on (date) , and mailed a copy to the individual's last known address; or							
	☐ I served the summo	ons on (name of individual)			, who is			
	designated by law to a	accept service of process on beh	nalf of (name of organization)					
			on (date)	; or				
	☐ I returned the sumn	nons unexecuted because			; or			
	☐ Other (specify):							
	My fees are \$	for travel and \$	for services, for a total of \$	0.0	00			
	I declare under penalty of perjury that this information is true.							
Date:								
Dute.			Server's signature		-			
			Printed name and title					
			Server's address					

Additional information regarding attempted service, etc: